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FEC FORM 1

STATEMENT OF ORGANIZATION

2011 FEB 23 AM 10: 58 FEC MAIL CENTER

(See instructions)

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	1.	NAME OF COMMITTEE (in full)	(Check if name is changed)		mple: If typying, type	12FE4M5	og andrea (v. 1914).			
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	L	Kelly PAC			111111	<u> </u>				
	Ш		<u> </u>	<u> </u>						
	A <u>D</u> I	DRESS (number and street)	901 N Washingto	n Street		11111				
	(Check if address is changed)	Suite 102	1111		11111					
		•	Alexandria	_ _ _ _		LYA]	22314 _ 1535			
(1) (2)				CITY		STATE	ZIP CODE 🛦			
AJ (E)	COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)									
O	(Check if address	ted@kochandhoc	s.com							
≻ed E:ed		is changed)								
	COMMITTEE'S WEB PAGE ADDRESS (URL)									
		(Check if address				11111				
		is changed)	I							
										
		:								
	2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	3.	FEC IDENTIFICATION NUM	BER	C	and transition from the design of the second	ur shaar				
		IS THIS STATEMENT	NEW (N) OF		ı	100 v.				
	4.	IS THIS STATEMENT	NEW (N) OF	<u>.</u>	AMENDED (A)					
	cer	certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete								
		my man mare examined and each								
Type or Print Name of Treasurer Theodore V. Koch										
	Sior	nature of Treasurer	Theodore U	. Vor		Date 02	, D. D. , Y.			
	- 'B'						in the state of th			
•	NOT	E: Submission of false, erroneous	s, or incomplete information			-	of 2 U.S.C. §437g.			
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FEC Form 1 (Revised 02/2009)

TYPE OF COMMITTEE (Check One)

V									
	Vrite or Type Committee Name								
	Kelly PAC								
6.	6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp								
L	. Kelly A. Ayotte								
	<u> </u>	1 1 1 1 1 1 1 1 1 1							
매계	Mailing Address	P.O. Box 937	<u> </u>						
41									
S S A	·	Manchester Hanchester	NH	03105 _ 0937					
ñ D		CITY▲	STATE A	ZIP CODE					
ŋ	Relationship:								
<u>.</u>	Connected Organization	Affiliated Committee Joint Fundra	aising Representative X	Leadership PAC Sponsor					
	possession of Committee Full Name Mailing Address								
		Suite 102							
		Alexandria		22314 _ 1535					
	Title or Position ♥	CITY A	STATE	ZIP CODE A					
	T	Teler	700						
	Treasurer		phone number	- <u>299</u> - <u>8570</u>					
8.	Treasurer: List the name a name and address of any	and address (phone number optional) of the to designated agent (e.g., assistant treasurer).							
8.	Treasurer: List the name and address of any	and address (phone number optional) of the today designated agent (e.g., assistant treasurer).							
8.	Treasurer: List the name and address of any Full Name of Treasurer Theodo	and address (phone number optional) of the to designated agent (e.g., assistant treasurer).							
8.	Treasurer: List the name and address of any Full Name of Treasurer Theodo	and address (phone number optional) of the to designated agent (e.g., assistant treasurer). ore V. Koch 901 N Washington Street							
8.	Treasurer: List the name and address of any Full Name of Treasurer Theodo	and address (phone number optional) of the to designated agent (e.g., assistant treasurer). ore V. Koch 901 N Washington Street Suite 102	reasurer of the committe	ee; and the					

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Next Business	Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
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PŘEPARER (3/2005)	DATE PREPARED				